

**L190005608**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
Horizon Family Medical Practice LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
HORIZON FAMILY MEDICAL PRACTICE LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Horizon Family Medical Practice, LLC ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
2101 NW Corporate Boulevard, Suite 300  
Boca Raton, Florida 33431

Mailing Address:  
2101 NW Corporate Boulevard, Suite 300  
Boca Raton, Florida 33431

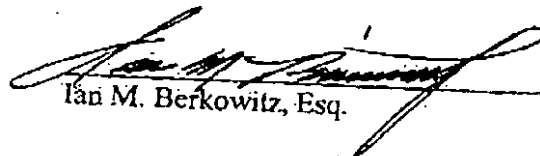
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**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Ian M. Berkowitz, Esq.  
2101 NW Corporate Boulevard, Suite 300  
Boca Raton, Florida 33431

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
Ian M. Berkowitz, Esq.

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"MGR" = Manager  
"AMBR" = Authorized Member

Name and Address:

MGR/AMBR

**Merrel Chang**  
11203 Regatta Lane  
Wellington, FL 33449

MGR/AMBR

**Lecia James**  
2721 NW 74<sup>th</sup> Avenue  
Margate, FL 33063

MGR/AMBR

**Beverly West**  
10261 Oak Meadow Lane  
Lake Worth, FL 33449

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TALLAHASSEE, FL 32399  
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ARTICLE V - OTHER MATTERS

This Company is hereby authorized to conduct any and all legal business activities as agreed to by the Members.

REQUIRED SIGNATURE:

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Ian M. Beckowitz  
Typed or printed name of signer